N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	10443
1. PLACE OF DEATH	23)	
County Charles	Registration Dist. No. 104	
Village or City That They	No. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
	ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Tarrieron Brown	J.	
(a) Residence: No	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and	d State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Male Colored OR BIVORCED (write the word)	January 29	193 3
5a, If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of MO APPLICATION OF THE OFFICE OFFIC	22. I HEREBY CERTIFY, That I attended	dacaased from
1 12 1893	, 19, to	
6. DATE OF BIRTH (month, lay, and year) Parish Days If LESS than	I last saw h alive on	; death is said
40 _ 1day,hrs.	to have occurred on the date stated above, at	
8, Trada, profassion, or particular	ware as follows:	Data ol onset
kind of work done, as SPINNER and above	Kahansting	-
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 1/2 20 20 20 20 20 20 20 20 20 20 20 20 20		
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (menth and 932 spent in this occupation compation occupation		
12, BIRTHPLACE (city or town) Language of.	Other Contributory Causes of importance:	
(State or country)	July or which	- grund
13. NAME Codevard Brown.		- Some
13. NAME Color town) Harefland.	Nama of operation Date of	
(State of Country).	What tast confirmed diagnosis? Was there an	
15. MAIDEN NAME Letonia Sarber. 16. BIRTHPLACE (city or town) Marglaced,	23. If death was due to external causes (VIOL ENCE) fill in also the following	
o 16. BIRTHPLACE (city or town) Maneglacy	Accident, suicide, or homicide? Date of injury	, 19
(State of County)	Where did injury occur?	
17. INFORMANT See and I train . (Addrass) Heroberg med	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Place Duport bewelfbate Strong 3/, 1923	Nature of injury	
19. UNDERTAKER Tt. q. lehar.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) La Plata	If so, specify	/
20. FILED 1-80-, 1933 P. B. Hegilon	(Signat) Telleared to thickey for	M. D
Registrar.	(Address) popenterell the	-10

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not tho mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Δ. Δ.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		PIECE STATE OF THE		

	County	are las.			Registration Dist. No. 104	2
	Village or City	Some or town where	death occurred		No. St., If death occurred in a hospital or institution, give its NAME instead of street and is. ds. How long in U.S. if of foreign birth? yrs. m	
2	. FULL NAME		- Br	· www		
	(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AN	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Lende 4. COLOR	OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193_3 (Year)
5a.	If married, widowed, or divor HUSBAND of	ced		6		
	(or) WIFE of				22. I HEREBY CERTIFY, That I attended	
6. I	DATE OF BIRTH (month, day,	and year)	frame.	31-1933	I last saw h alive on 19	
7. /	AGE Years	Months	Days	If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
TION	8. Trade, profession, or pa kind of work dona, a SAWYER, BOOKKEE	ticular s SPINNER,				
AT	9. Industry or business in	which		/	- Shell I was possed when the	-
CO	work was dona, as S SAW MILL, BANK, e				Mudeal S. Charles and during	
Ö	D. Date deceased last work this occupation (mon year)	th and	Spe Spe	time (years) ent in this upation	nis altered at	
12.	BIRTHPLACE (city or town)	Bay	ans Ro	ad	Other Contributory Causes of importance:	
œ l	(State or country)	0.1	· · · ·	ud.		
FATHER	13. NAME		of Bucar	~~		-
FA	14. BIRTHPLACE (city or tov (State or country)	vn)	Wangl	- (- A	Name of operation Dete of	
HER		any Elis	aland -	3	What test confirmed diagnosis?	
MOTH	16. BIRTHPLACE (city or toy	7	Tan-san	makenany	Accident, suicida, or homicide? Date of Injury	
ž	(State or country)	(11)	Was	yland	Where did injury occur?	
17.	INFORMANT	Nobbie.	S Cla	when the	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR RE	MOVAL	ч.	2	Manner of Injury	
	Place	rall Lan	L. B	ر 19.3 على	Nature of Injury	
19.	UNDERTAKER(Address)	" waste	3 Bro	10nJ	24. Wes disease or injury In any way related to occupation of deceased?	٩
20	FILED Der 1,1	33 A M	el MM John	12.	(Signed) Wangle We Whene	₩. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	Q II	Example II		
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAP 9 103	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FITE ATT	July 5,1927	Peritonitis	3 days ago	
t in the second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	M) S)	CORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
MARGIN RESERVED I. B.—WRITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be THON is very important. See instructions on back of	FOR BIND	IS A PERMANENT RI	stated EXACTLY.	properly classified. Ex	rertificate
	•	1. BWRITE PLAINLY, WITH UNFADING INK-THIS	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be	TION is very important. See instructions on back of c

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00442
County Charles	Registration Dist. No. 100
Village or City new Dygantyand	NoSt. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
5000	ds. Hew long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stuff from Stow	^_
(a) Residence: No. Yula Structure. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fenale Col OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(100)
(or) WIFE of	22. I HEREBY CERTIFY, That i attanded deceased from
6. DATE OF BIRTH (month, day, and year) Som 27 1933	, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days if LESS than	I lest sew h; death is said to heve occurred on the data stated ebova, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rainted causes of Importance
8. Trede, profassion, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Findustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacaased last worked at this occupation (month and	
Mill, BANK, etc.	no Physiciain
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	
2 2 + 2 .	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 71111 3 yan town had (State or country)	Sony factor and Course
13. NAME James Ken	both doad at full time
13. NAME Lamb Key 14. BIRTHPLACE (city or town) Sharles & md	Name of operation
(State or country)	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Prartha Brown	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Pratta Brown 16. BIRTHPLACE (city or town). Charles & mg -	Accident, suicida, or homicide? Dete of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Martha Brown— (Addrass)	(Specify city or town, county and State) Specify whather injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa Nome Dete and 1923	Nature of Injury
19. UNDERTAKER alay Brom (Addiess) Ala Plata	24. Wes disease or Injury in eny way related to occupation of deceased?
20. FILED Jan 21, 1933 Billiain Masey.	(Signad) M. D. (Addrass) A Plotu M. D.
If more blanks are needed, address State Registrar	(Addrass)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 201.1.40			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Farm tourier, and the duties of the en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of sulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil ongineer, etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm loborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-3 Grocery,

spinal meningitis"; Liphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-Typhoid fever 'never report "Typhoid Pneumonia ed term for the same disease. Examples: Cerebrospinal Strtement of Cause of Death-Name, first, the DIS EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association Examples: A ceidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee Chronic valvular on a etc. The contributory Nomenclature of the Always qualify all heart disease; not be

If this certificate is looked over the obtains and all questions answered in details it will prevent further correspondence. All the data is essential and thust be obtained lefter the certificate is permanently filed.

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	Every Item of information should be carefully supplied ACE should b	CIANS should state CAUSE OF DEATH in plain terms so that it may by	statement of OCCUPATION is very important. See instructions on back
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V. R. No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County Clabo	CERTIFICATE OF DEATH
	Registration Dist. No. 103
Village or City Newfork (No.	St.: Ward) (If death occurred a hospital or instittion, give its NAME is stead of street as
2FULL NAME OF THE OP	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 6 C (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Jac 3 , 1933 (Month) (Day) (Year)	that I last saw h alive on , 192
7 AGE If LESS that	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Stack with I and had mud wife with Reportion) yes more Contributory Secondary
10 NAME OF FATHER Dualy Cole. 11 BIRTHPLACE OF FATHER (State or country) Chorles Co Mul	(Signed)
12 MAIDEN NAME OF MOTHER alice Complete 13 BIRTHPLACE OF MOTHER (State or country) Ekglas Co Ma	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailients or Recent Residents) At place of deathyrsmosds. Stateyrsmos
(Informant) Duly Cole	if not at place of death? Former or usual residence
	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Normant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more previous of the laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, liouseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Feul-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telunus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of us fracture of skull, and consequences (e. g., separas carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head--homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by rollway train "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease, Example: Measles (disease etc. The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate in permanently filed.

V. S. No. 1

of OCCUPA-

- Control	STATE O	F MARYLAND-	CERTIFICATE OF DEATH 0044	
	1. PLACE OF DEATH		22	,
	County Charles		Registration Dist. No. / O	
	Village or City near	Sonterelle mg	No	Ward
	Length of residence in city or town where de	ath occurred yrs, mor	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. Haw long in U.S. il of foreign birtb?yrs,mos	
	2. FULL NAME	M Maddma	,	
	(a) Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (14 00 , 193 3)	
5a	Il married, widowad, or divorced		(Mpnth) (Day) (Yea	
	(or) WIFE of Willie	Edrino)	22. 1 HEREBY CERTIFY, That I attended deceased	
6	DATE OF BIRTH (month, day, and year)	+ Know)	, 19, to, 19, 19	
	AGE Years Months	Days ILLESS than	I last saw h; death is to have occurred on the date statad ebove, etm.	s said
	体8.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7	8. Trade, profession, or particular	ormin.	ware as follows:	onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
PA	9. Industry or business in which work was done, as SILK MILL.	touse morp.	0 2 4	
000	SAW MILL, BANK, etc		Broncho meumone 72	The same
ŏ	this occupation (month and	11. Total time (yaars) spent in this occupation	11.11	17.15-4
	01 - 1	P -	Other Contributory Causes of importance:	
12	(State or country)	7 00		
04	13. NAME 21 21780 Hay	No le sa constitue de la const	Juberculosis.	
FATHER	00 - 0	10 00		
FA	14. BIRTHPLACE (city or town) (State or country)	nd	Name of oparation Date of	
ER	15. MAIDEN NAME Don't Know	S	What test confirmed diagnosis? Was there an autopsy?	
MOTHER	16. BIRTHPLACE (city or town)		23. If daath was due to external causes (VIOLENCE) fill in also the following:	
M	(State or country)		Accident, suicide, or homicide?, 19	
17	INFORMANT John a. U	reen:	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
_	(Address) beento 7	elle		
18	BURIAL, CREMATION, OR REMOVAL Place New Port Catholic	Centley 5 in 1933	Manner ol injury	
	HADERTAKER Sudney 16	O. A.	Nature of Injury	
19.	(Address)	is nod	24. Was disaase or Injury in any way related to occupation of decaased?	
20.	FILED 2011 1933 R.J.	lein Mosey Registrar.	(Signad) Carrie & nolan (Address) La Plata mg	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	AP. In	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURDAE V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state item of inforof OCCUPA-PHYSICIANS Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. MARGIN RESERVED FOR BIND certificate. AGE should be Je CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back mation should be carefully supplied. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	1447
1. PLACE OF DEATH		95-20	.)
County Charles	·	Registration Dist. No.	70
Village or City New Brent	land	No	Ward
Length of residence in city of town where death occurred	yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and s	number) osde.
2. FULL NAME Frank H	enson.		
(a) Residence: No. Meur Doo		NG St., Ward.	
PERSONAL AND STATISTICAL PAI	place of abode)	If nonresident give city or town and	State
	MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
The state of the s	RCED (write the word)	(Month) (Dey)	, 193
5e. If married, widowed or diverced HUSBAND of (or) WIRE of	rson	22. I HEREBY CERTIFY, That I attended	deceesad from
hustand		, 19, to	
6. DATE OF BIRTH (month, day, and year)		I last saw h alive on, 19, 19	; death Is said
7. AGE Years Months Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,			Date of onset
SAWYER, BOOKKEEPER, etc.		allending	4
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	n	no proper can all the	disit lan
10. Date deceased last worked at this occupation (month and year)	tal time (years) spent in this occupation	But had Suffered from	
12. BIRTHPLACE (city or town) Charles	20	Other Contributory Causes of Importance	
(State or country)			
13. NAME 14. BIRTHPLACE (city or town) Charles	on	Heart failure.	
(State or country)	is mol-	Name of operation Date of	
	00000	Whet test confirmed diagnosis? Was there an a	
Chane.	(c)	23. If death was due to external causes (VIOLENCE) fill in also the following	
Stete or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT James albert (Address)	Bean	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) NCE.
18. BURIAL, CREMATION, OR REMOVAL Cometany	- 1.15	Manner of injury	
Place It Thomas Date	an 16,1933	Nature of injury	
19. UNDERTAKER C. W. Robey (Address) Obel also	mt	24. Was disease or Injury In any way related to occupation of deceased?	20
20. FILED John 14 1933 Lellin	Modey.	(Signed) Fillian De South	M. D.
If more blanks are made	Regisfrar.	(Address) A COOL Max	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	27	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERSON V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ract	PLACE OF DEATH	STATE OF MARYLAND
Ha.	County To Ross	CERTIFICATE OF DEATH
EXACTLY, ly classified ficate.	Village or City NEw port (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
ated E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ald be stated back of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sac 977
E shouat It mins on	(Nionth) (Day) (Year)	That I last saw her are on free 10 11, 193.
ed s so	7 AGE If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
ly suppliain term	a) OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Melnetohon
ADING I	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Small Nurselles de
hould b	10 NAME OF Stilliam Stieps	(Signed) (Signed) (Address) Blockouts Hall
WITE on s	OF FATHER (State or country) Charles	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
mati e Co	of MOTHER Many Male	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
PLAIN OCCUPATION	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs
tem show	(Info mant)	Former or usual residence
Every i	(Address)	The food & Cornetory Jan 10, 1933
B	15 Filed Jan 10 1933. J. P. Sippest Registras	Grant Thomas Museport ma
z	If more blanks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

FOR

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day labarer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager." "Tealcases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, Statement of Occupation-Precise statement of oc Foreman, Or For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grovery; man, (b) Automobile factory. The insterial At Home, and children, not gainfully em-Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the biscasse Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphaid fever (never report "Typhoid Pneumonia"); obor pneumonia, Branchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved telunus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., separs earbolic acid—probably surcide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of can be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic etc. The contributory valı"ular heart discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is permanently filed.

should state item of inforof OCCUPA-PHYSICIANS Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. TION is very important. B.-WRITE PLAINDY, ż

FOR BIND

V. S. No. 1

1	STATE OF MAR	YLAND-	CERTIFICATE OF DEATH	4.4.0
1	. PLACE OF DEATH		(Q)	148
1	County Charles		Registration Dist. No.	00
	Village or City Mc Conclue ?	nq-	No. St	Ward
	Length of residence in city or town where death occurred	(1f yrs,mos	death occurred in a hospital or institution, give its NAME instead of street and nu ds. Hew long in U.S.If of foreign birth?yrsmos.	mber)
2	. FULL NAME Dam. Jan	Gross		
	(a) Residence: No. MC Conclude	not	St., Ward.	
emergin.	(Usual place		If nonresident give city or town and St	ale
_	PERSONAL AND STATISTICAL PARTI	1	MEDICAL CERTIFICATE OF DEATH	
3. :		RÍED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a.	If married, widowed, or divorced HU3BAND of		U ' '	
	(or) WIFE of		22. I HEREBY CERTIFY, That I attended de	7 1
6 1	DATE OF BIRTH (month, day, and year)		0 2 1/4	_, 19 <u>23</u>
7. /		If LESS than	I last saw h A alive on 19 & 3; to have occurred on the date stated ebove, at	Jeath Is said
1	1 a woul	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
1/2	8. Trade, profession, or particular	i 01min.	were as follows:	Date of enset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	er	Chronie arter-sclerosis	• • • • • • • • • • • • • • • • • • • •
IPA	9. Nadustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			
SC		me (years)		
0	this occupetion (month end sper	ntin this		
	Clare P. mo	-	Other Contributory Causes of importence:	
12.	BIRTHPLACE (city or town) (Stete or country)		Chronice Proportatilis	Im #0 4
2	13. NAME CIN'T ROOW		Orronce Prostatilia	o gres
FATHER	· ·			V
FA	14. BIRTHPLACE (city or town)		Neme of operation Dete of	
MOTHER	15. MAIDEN NAME WON'Y KNOW		What test confirmed diagnosis? Was there an auto 23. If death was due to external ceuses (VIOL ENCE) fill in also the following:	psy?
101	16. BIRTHPLACE (city or town) Charles & Y	vd-	Accident, suicide, or homicide? Date of injury	, 19
-1	(State or country)	VIII	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT James Cuopes and (Address) mil Conche md			Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE	-
18. BURIAL, CREMATION, DR. REMOVAL Mc Concluse			Manner of injury	
	Place Dete Dete	,1923	Nature of injury	
19. UNDERTAKER & a Platu mg			24. Wes diseese or Injury in any way related to occupetion of deceesed?	
2D.	FILED Jan 24", 19 Billian To	Registrar.	(Signed) fames E. Nolaw (Address) La Clata md.	M. D.
		Acegistiat.	(vinitaba) 12	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

See instructions on back of certificate.

AGE should be

CAUSE OF DEATH, in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.-

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	3449
1. PLACE OF DEATH			<u>a</u>	1441
County Charles	Ę		Registration Dist. No.	14
Village or City Man &	els			Ward
		(1)	No. St., f death occurred in a horpital or institution, give its NAME instead of street and s ds. How long in U.S. if of foreign birth?vrs	number)
Length of residence in city of town when	re deeth occurred	yrspmos	sds. How long In U.S. if of foreign birth?yrs	iosds.
2. FULL NAME MUST	Men !	men	is	
(a) Residence: No.			St., Ward.	
PERSONAL AND STATIS	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	I State
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
1. COLON ON MACE	OR DIVORCE	D (write the word)	/ - 8 -	. 193 3
5a. If married, widowed, or divorced	1		(Month) (Day)	(Year)
HUSBAND of (or) WiFE of			22. I HEREBY CERTIFY, That I attended	deceased from
		_	, 19, to	
6. DATE OF BIRTH (month, day, and year)	1-8-	3 3	I last saw h alive on, 19	_; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, atm.	
		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	I Date of season
8. Trade, profession, or particular kind of work done as SPINNER			Menon	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Date deceased last worked at	1I. Total t	ime (years)		
this occupation (month and year)	spe	ntin this upation		-
12. BIRTHPLACE (city or town)			Other Contributory Causes of importance:	
(State or country)	M			
13. NAME Lucair C	Jack			
14. BIRTHPLACE (city or town)	mil		Name of a service	-
(State or country)	· · · · · · · · · · · · · · · · · · ·		Neme of operation Date of	
15. MAIDEN NAME Polli	d 9 00	2011	What test confirmed diagnosis?	
I S RIDTURI ACE (city or town)	and		23. If death was due to external ceuses (VIOL ENCE) fill in also the following Accident, sulcide, or homicide?	
[6. BIRTHPLACE (city or town) (State or country)			Where did injury occur?	, 19
17. INFORMANT Solly &	1. 16.		(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	le)
(Address)	Liste		Specify who will injury social to a minor of the following the first of the	ACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Plece Waysuk	Date	1933	Nature of injury	
19. UNDERTAKER Many H	mu u	4	24. Was diseese or injury in any way related to occupation of deceased?	
(Address)	Kennes	La_	If so, specify	
20. FILED 1 - 5 - 19 33	DR. R.X	for do	(Signed) La La Stry low	M. D.
Vol 1 habe a - Fac		Registrar.	(Address) May	6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	H	Example II		
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Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gostroenteritis	1 year	

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/	PHYSICIAI of statement
RECORD	Ssiffed, Exa
WHITE FEMILET, WITH UNITADING INK-IHIS IS A PERMAMENT RECORD	B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See Instructions on back of certificate.
A SI SIHILA	Every Item of information should be carefully supplied. AGE should be state should state CAUSE OF DEATH in plain terms, so that it may be properly coccupATION is very important. See Instructions on back of certificate.
NI SNIGHT	carefully supplain terms, so
MET, WILL L	DEATH in p
White	of information CAUSE OF ON is very in
	should state
	œ ·

1 PLACE OF DEATH	00451
	STATE OF MARYLAND
County C NACCE	CERTIFICATE OF DEATH
m. o. P.	Registration Dist. No.
Village or City McCom (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX' 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That Lattended deceased from 197, 1913, to 193
(Month) (Day) (Year) 7 AGE If LESS than 1 day, ars. yrs. mes. ds. OR mir.? 8 OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at The CAUSE OF DEATH was as follows:
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs, mos.
10 NAME OF FATHER CLECKMAN (I) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signsd)
of Mother Delay Chacus 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENCE At place the death
(Address) Praesolus 724 Filed Man 7 195 7 R. M. M. REGISTERAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AUGUSTA STATE OF BURIAL 20 UNDERTAKER ADDRESS MAN AS ALL AND AS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from of age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tubercubsis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. eause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septichaemia," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, "Anaemia" (merely symptomatic). "Atronhv." "Ca chopneumania (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; ('hronic valentur heart disease; Chronic interstitiol (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... "Old Age," "Shock," "Uracmia," "Weakness, by railway train-accident; Revolver "Coma," (merely symptomatic), "Atrophy," "Col-na," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-State cause for which Never report mere wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

19

V. S. No.

(Year)

Oate of enset

(Address)

Registrar

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PREHAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BIND

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

00453

1	1. PLACE OF D	EATH	,		108		00100
	County	Marle	2 0,			Registration Dist. No.	100
	Village or City_	near &	a Plate	i e	Np.		01 111 1
	Length of resideoce	in city or town where	death occurred	yrs 13 mos	f death occurred in a hospital or insti-	itution, give its NAME instead of f of foreign birth?yrs.	(street and number)
:	2. FULL NAME	Denram	m Re	ed			
	(a) Residence: N	VD. Iraa	(Usual place	ends	St., Ward.	If nonresident give city o	r town and State
	PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATE OF D	
3.	sex 4.0	COLOR OR RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Your 2	, 193.3
5a	If married, widowed, or HU3BAND of	r divorced				(Month) (Day) (Year)
	(or) WIFE of				22. I HEREB	Y CERTIFY, That	I attended deceased from
6	DATE OF BIRTH (mont	h day and years das	It lenow	exactblete	I last saw h	-, 19 to - 3	
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date sta	ated above at 4 9m	_, 1922; deeth is said
		113		1 day,hrs.	The PRINCIPAL CAUSE OF DE	ATH and related causes of impor	tance
7	8. Trade, profession,	or particular	1	i ormin.	were as follows:		Date of onset
0	sawyer, BDO	ione, as SPINNER, KKEEPER, etc.					
OCCUPATION	9. Industry or busing		10000		Preumon	na	402
$\ddot{0}$	IQ. Date deceased las		11 Total	time (years)			5 days
Ō	this occupetion year)	(month end	sps sps	ent in this			
		00.		/	Other Contributory Causes of Im	portance:	
12.	BIRTHPLACE (city or t (State or country)	own) Charle	· Co. hu	4			
œ	1	anvan:	10 0 0	1 -	Cold	~~~~~~~~~~~~~~~~~	
FATHER	13, NAME	170	rece	9			
FAI	14. BIRTHPLACE (city (Stete or count		rerse	4	Name of operation		Date of
0;		(17)	7 44 5	1-	What test confirmed diagnosis?_	Was	there en autopsy?
MOTHER	15. MAIDEN NAME	anna	2000	7-01	23. If death was due to external ca		
MOI	16. BIRTHPLACE (city		es Co	rhoc.	Accident, suicide, or homicide?	Date of Inju	ıry, 19
	(State or coun	, ,	0		Where did Injury occur?	(Specify city or town, coun	the and State)
17.	(Address)	njamin La	Platu	nomina	Specify whether Injury occurred	in INDUSTRY, In HOME, or In F	PUBLIC PLACE.
18.	BURIAL, CREMATION,	OR REMOVAL		n 6-	Manner of injury		
	Place 2	seen come	Date Date	719.33			
19.	UNDERTAKER S	enfamin	Reed		24. Was disease or injury in any		
	(Address)	Ka Plata	my		II so, specily	A	
20.	FILED Jan 5	, 1933	ullem	Registral.	(Signed) (Address)	place notan	
-				Veg print.	(4001635)	-4	

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PHREAU V.S	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	23)
County Crarles	Registration Dist. No.
Village or City Newbrell nd	No. St., Ward
Length of resideoce in city or town where death occurred	the dealer of the a hospital of institution, give its IVAIVIE, instead of street and number)
2. FULL NAME anna Elmaleth Cam	ds. Hew long in U. S. if of foreign birth? yrs. mos. ds.
	poll Walson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Thate col OR DIVORCED (write the word)	January St 193 3
5a. If married, widowed, or divorced HU3BAND of	(Month) (Dey) (Yeer)
(or) WIFE of your Walson	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF RIRTH (month day and year) Outsil 12 19.09	Nee 127 , 1932, to San 124 , 1933
2 ACE V	l lest sew h; deeth is seid
7. AGE Tears Months Deys If LESS than I day,hr	to have occurred on the date stated above, et
9 Trade espisation or estimate	were as follows:
S. Tiele, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this recuration (month end	
9. Industry or business in which work wes done, as SILK MILL,	Difference 1 mg
SAW MILL, BANK, etc	Junionary Mesculosis
and a compation (month end	C C C C C C C C C C C C C C C C C C C
year) occupation	Other Carles Co.
12. BIRTHPLACE (city or town) Checo - Co , mg - (State or country)	Other Contributory Causes of Importance:
13. NAME Chas. H. Campbell 14. BIRTHPLACE (city or town). Chas es	
(State or country)	Name of operation Dete of
	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Clim obelin Campbell 16. BIRTHPLACE (city or town) Class Co	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
Stete or country)	Accident, suicide, or homicide? Date of injury, 19
	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT A MY Walson (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of 1-1
Place Duantoun Ind Date an 3rd, 1933	Manner of injury
TO HADDOTANDA POR SALARA	Nature of injury
19. UNDERTAKER August Duade (Address) Duanes wills and	24. Wes disease or injury in any way related to occupation of deceased?
20 FUED 200 12 . D. D	(Signed) Samble molan Phones of
20. FILED ON 12, 19 22 Nillian Viosey Registrat.	(Address) a Calle nd.

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BURLAU			
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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(Address)

20. FILED.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00455
1. PLACE OF DEATH	
County Charles	Registration Dist. No. 103
Village or City Wiconico	No. St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
11 11 11 11	ds. How long in U.S. if of foreign birth?yrsds.
11444	
(2) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of (1 Municus 14) Illiams	122. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Par . 27.1901	0 10 23 4
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 PMm.
3 // 3, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Expluence Preumonia Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(Buncho) ANR.
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
Va	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	miliona G. 36
13. NAME Cincinatus Murphy	
14. BIRTHPLACE (city or town) Manylulus	Neme of operation
(State or country)	What test confirmed diagnosis? M M Was there an autopsy?
15. MAIDEN NAME Harrett Dings	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) May Lack	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Pater Murply (Address) Maryears	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Mary New Antonio an 10, 19 33	Manner of injury

Registrar.

If so, specify (Signed)

24. Was disease or Injury In any way releted to occupation of deceased?

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified.

FOR BINDI

MARGIN RESERVED

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STATE OF MARILAND	UU456
1. PLACE OF DEATH	
County Market	Registration Dist. No.
Village or City Teson	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrs,mosd
2. FULL NAME Stolety William	us.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AND BELL BY
nate mule Widowd	(Month) (Oay) (Yeer)
a. If married, widowed, or diversed HUSBANO of Halle & Southerland.	22. I HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of	
B. DATE OF BIRTH (month, day, and year) Mch. 20. 1867.	I last saw h alive on 19 ; deeth is se
AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
65 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular	Coronary Thromboses Oate of one
kind of work done, as SPINNER, Tetired Ralver	S. Hart.
9. Industry or business in which work was done, es SILK MILL, Bouder factory U.S.	
10. Oate deceased last worked at 11. Total time (kears)	no physician son attendance
this occupation (month end spent in this occupation	
2. BIRTHPLACE (city or town) Washington DC.	Other Contributory Causes of importance:
(State or country)	
13. NAME LOROS L. Williams.	
13. NAME Locable Williams. 14. BIRTHPLACE (city for town) Usaksman.	Neme of operation Dete of
(State or country)	What test confirmed diegnosis? Wes there en eulopsy?
15. MAIOEN NAME Grinder.	23. If death was due to external causes (VIOLENCE) fill in also the \following:
15. MAIOEN NAME Grinder. 16. BIRTHPLACE (city or town) Washington, D.C.	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
7. INFORMANT Barney Wellierms	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Inden Beach md.	
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piece Date , 1900	Nature of injury
19. UNDERTAKER of funt or Regore	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Walderft, Md.	If so, specify
20. FILEO Jan. 25, 1933 many Sor attended	(Signed) Sy, G. TSickfull, M.
Zocal Registrar.	(Address) Markery, and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar,

STATE OF MARYLAND—CERTIFICATE OF DEATH

00457

W-ta.x	
Registration	on Dist. No. 100
No.	St Ward
death occurred in a hospital or institution, give its NA	ME instead of street and number)
How long in U.S. if of foralgn birth?	yrsmosds.
a Stills	
St., Ward.	
	lent give city or town and State
MEDICAL CERTIFICA	TE OF DEATH
21. DATE OF DEATH	_
(Month)	(Day) , 193 <u>3</u> (Yaar)
22. I HEREBY CERTI	F Y That I attended decaasad from
Jan 2 ,1933 , to.	Jan 25, 1933
Hast saw h. S alive on	25, 193 3; death is said
to have occurred on the date statad above, at	- 604 m.
The PRINCIPAL CAUSE OF DEATH and ralated of	causes of importance
wera as follows: Que transfer	Date of onset
Ja Comman	12 -3)
Other Contributery Causes of importance:	0 . 1.11
T Erussions	terrance deather
	Date of
What test confirmad diagnosis?	Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill In also the following:
Accident, suicide, or homicide?	Date of injury, 19
Where did injury occur?	16.
Specify whether Injury occurred in INDUSTRY, in	y or town, county and State) HOME, or in PUBLIC PLACE.
Manner of injury	
Nature of injury	
24. Was disaase or injury in any way related to oc	,
If so, spacify	Constitution of Gacaaseur
(Signad)	M.D.
(Addrass) ABA	
2411 N. Charles Street. Baltimore. Requesting V. S.	
ZELL AL. I PARES SITEEL, DAILIMOTE, Requesting "U. A.	INO. I.

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